

Kolinek v. Walgreen Co. Settlement Administrator
 P.O. Box 43358
 Providence, RI 02940-3358

WTT

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Claim #: WTT-700001726001 197
 LOUIS HERNANDEZ
 109 24 195TH ST
 NEW YORK, NY 11412

FILED

AUG 07 2015

THOMAS G. BRUTON
 CLERK, U.S. DISTRICT COURT

Kolinek v. Walgreen Co., No. 13-cv-04806

CLAIM FORM

Instructions. Fill out each section of this form and sign where indicated.

<u>First Name</u> Luis	<u>Last Name</u> Hernandez	
<u>Street Address</u> 109-24 195 ST		
<u>City</u> Saint Albans	<u>State</u> NY	<u>ZIP Code</u> 11412
<u>Cellular Telephone Number at which you received Prerecorded Prescription Call(s)</u>		

Class Member Affirmation: By submitting this Claim Form and checking the box below, I declare that I am a member of the Settlement Class and that the following statement is true (box must be checked to receive payment):

I received one or more prerecorded telephone calls from Walgreens at the cellular telephone number written above reminding me that my prescription was due for refill ("Prerecorded Prescription Calls") and I did not consent to receive these calls. *I recognize by affirming here that such calls were made without my consent, that I will be removed from the list of persons eligible to receive Prerecorded Prescription Calls from Walgreens and that I will not receive such calls in the future unless I separately provide my consent, which I may (but need not) do below.*

I state under penalty of perjury under the laws of the State in which this Affirmation is executed and the United States of America that the information provided above is true and correct.

Signature: Luis Hernandez Date: 7-18-2015
 (MM-DD-YY)

Printed Name: Luis Hernandez

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Voluntary Request to Receive Future Prerecorded Prescription Calls:

I now wish to receive Prerecorded Prescription Calls from Walgreens, and I consent to receive such calls. *I understand that providing this consent is not required for me to submit a claim in the settlement, nor is it required for me to purchase any goods or services from Walgreens.*



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